

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | |
|---|----------------|---|----------|--------|
| 1 Date of Request: <u>9/20/04</u> | | 2 Serial/Patent # <u>10/606,135</u> | | |
| 3 Please refund the following fee(s): | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | |
| <input type="checkbox"/> Filing | | | \$ | |
| <input type="checkbox"/> Amendment | | | \$ | |
| <input type="checkbox"/> Extension of Time | | | \$ | |
| <input type="checkbox"/> Notice of Appeal/Appeal | | | \$ | |
| <input checked="" type="checkbox"/> Petition | — | 8/23/04 | \$ 130 | |
| <input type="checkbox"/> Issue | | | \$ | |
| <input type="checkbox"/> Cert of Correction/Terminal Disc. | | | \$ | |
| <input type="checkbox"/> Maintenance | | | \$ | |
| <input type="checkbox"/> Assignment | | | \$ | |
| <input type="checkbox"/> Other | | | \$ | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 130 |
| 10 REASON: | | 8 TO BE REFUNDED BY: | | |
| <input type="checkbox"/> Overpayment | | Treasury Check | | |
| <input type="checkbox"/> Duplicate Payment | | <input checked="" type="checkbox"/> Credit Deposit A/C #: | | |
| <input checked="" type="checkbox"/> No Fee Due (Explanation): | | <div style="border: 1px solid black; display: inline-block; padding: 2px;"> 0 3 -- 1 9 5 2 </div> | | |
| <i>Notice of 8/2/04 is vacated</i> | | | | |
| 11 REFUND REQUESTED BY: <u>C.T. Donnell</u> | | | | |
| TYPED/PRINTED NAME: <u>C.T. Donnell</u> | | TITLE: <u>Pet. atty</u> | | |
| SIGNATURE: <u>C-T Donnell</u> | | PHONE: <u>306 55 889</u> | | |
| OFFICE: <u>4700</u> | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | |
| APPROVED: <u><i>[Signature]</i></u> | | DATE: <u>9/21/04</u> | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: